State of California Department of Alcohol and Drug Programs	Prevention Activities Data System (PADS) Reporting Year July 1, 2005 – June 30, 2006	**PROGRAM DESCRIPTION – ADP7235A**

SECTION A County/Provider Information

1. Date: _____
2. County Name: _____
3. Provider Name: _____
4. Provider ID No.: _____
5. Contact Person: _____

6. Provider Address: _____
   City/State/Zip: _____
7. Telephone No.: (_____) _____
8. Fax No.: (_____) _____
9. E-mail Address: _____

10. Type of Contract: ☐ In-County Contract
                    ☐ County Operated
                    ☐ Out-of-County Contract
11. Reporting Period:
☐ 1st Quarter ☐ 2nd Quarter ☐ 3rd Quarter ☐ 4th Quarter

SECTION B Program Information

1. Program Status Please check the appropriate box. ☐ New Program - Start Date / / ☐ Existing Program

2. Program Description Please provide a description of the program that details the primary prevention services being delivered.

_____

3. Strategic Prevention Framework:
Refer to the PADS User's Guide for additional information on the framework. Please check all boxes that apply.

		Yes	No
(a)	Assessment: Is this program in the process of or has this program assessed population needs, resources, and readiness to address needs and gaps for prevention services?	☐	☐
(b)	Capacity:. Is this program in the process of or has this program mobilized and/or built capacity to address prevention service needs?	☐	☐
(c)	Planning. Is this program in the process of or has this program developed a comprehensive strategic plan for prevention services using evidence-based policies, practices and/or programs?	☐	☐
(d)	Implementation: Is this program in the process of or has this program implemented evidence-based prevention policies, practices, and/or programs and infrastructure development activities?	☐	☐
(e)	Evaluation: Is this program in the process of or has this program monitored, evaluated, sustained, and improved their prevention services or replaced prevention services that were not successful?	☐	☐

4. Accessibility

Please check all the boxes that apply to the program services accessible to persons who may have disabilities related to the following:

☐ (a) Hearing
☐ (b) Mobility
☐ (c) Vision
☐ (d) Speech
☐ (e) Mental
☐ (f) Developmental
☐ (g) Other (specify) _____

5. Strategies Delivered

Please check the boxes that coincide with the strategy forms that will be completed.

☐ (1) Information Dissemination (ADP 7235B)
☐ (2) Education (ADP 7235C)
☐ (3) Alternatives (ADP 7235D)
☐ (4) Problem Identification & Referral (ADP 7235E)
☐ (5) Community-Based Process (ADP 7235F)
☐ (6) Environmental (ADP 7235G)